

EXHIBIT A



**Service of Process
Transmittal**

08/31/2011

CT Log Number 519078580

TO: Melita Hobby, Administrative Assistant
SavaSeniorCare, LLC
One Ravinia Drive, Suite 1500
Atlanta, GA 30346

RE: Process Served In Tennessee

FOR: SSC ANDERSONVILLE OPERATING COMPANY LLC (Domestic State: DE)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: Helen T. Bennington, Deceased, by her daughter and next of kin, etc. and Andrea D. Shiveley, Pltfs. vs. SSC Andersonville Operating Company LLC, etc., Dfts.

DOCUMENT(S) SERVED: Summons, Complaint, Certificate, Affidavits, Exhibits, Attachments

COURT/AGENCY: Seventh Judicial District Circuit Court, TN
Case # BILA0269

NATURE OF ACTION: Medical Injury - On or about March 30, 2010 through May 5, 2010 all allegations of malpractices and/or gross negligence or negligence

ON WHOM PROCESS WAS SERVED: C T Corporation System, Knoxville, TN

DATE AND HOUR OF SERVICE: By Process Server on 08/31/2011 at 09:15

JURISDICTION SERVED : Tennessee

APPEARANCE OR ANSWER DUE: Within 30 days after service of the summons, exclusive of the date of service

ATTORNEY(S) / SENDER(S): Ridenour & Ridenour
108 South Main Street
Post Office Box 530
Clinton, TN 37717-0530
865-457-0755

ACTION ITEMS: CT has retained the current log, Retain Date: 08/31/2011, Expected Purge Date: 09/05/2011
Image SOP
Email Notification, Melita Hobby mlhobby@savasc.com
Email Notification, Wynn Sims WSims@SavaSC.com

SIGNED: C T Corporation System
PER: Amy McLaren
ADDRESS: 800 S. Gay Street
Suite 2021
Knoxville, TN 37929-9710
TELEPHONE: 800-592-9023

Page 1 of 1 / DS

Information displayed on this transmittal is for CT Corporation's record keeping purposes only and is provided to the recipient for quick reference. This information does not constitute a legal opinion as to the nature of action, the amount of damages, the answer date, or any information contained in the documents themselves. Recipient is responsible for interpreting said documents and for taking appropriate action. Signatures on certified mail receipts confirm receipt of package only, not contents.

IN THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE
CIRCUIT DIVISION

HELEN T. BENNINGTON, deceased,
by her daughter and next of kin,
ANDREA D. SHIVELEY, a citizen and
resident of 303 Nave Street,
Clinton, Anderson County,
Tennessee 37716, and
ANDREA D. SHIVELEY, individually,
a citizen and resident of 303 Nave Street,
Clinton, Anderson County,
Tennessee 37716,

Plaintiffs,

v.

No. **B11AD269**
JURY DEMAND

SSC ANDERSONVILLE OPERATING
COMPANY LLC, a Delaware limited liability
company, d/b/a Norris Health and Rehabilitation
Center, with registered agent CT Corporation
System, 800 S. Gay Street, Suite 2021,
Knoxville, Knox County, Tennessee 37929,

Defendant.

S U M M O N S

You are hereby summoned and required to serve upon J. Timothy Bobo, Plaintiff's attorney, whose address is 108 S. Main Street, Post Office Box 530, Clinton, Tennessee 37717-0530, an Answer to the Complaint herewith served upon you within thirty (30) days after service of this Summons and Complaint upon you, exclusive of day service. If you fail to do so, Judgment by Default can be taken against you for the relief demanded in the Complaint.

Issued and tested this 22 day of July, 2011.

BARRY E. PELIZZARI

Clerk

Betty S. Taylor
Deputy Clerk



N O T I C E

To the Defendant(s):

Tennessee law provides a Four Thousand (\$4,000.00) Dollar personal property exemption from execution or seizure to satisfy a judgment. If a judgment should be entered against you in this action, and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the Clerk of the Court. The list may be filed at any time, and may be changed by you thereafter as necessary, however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel for yourself and your family, and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized, you would have the right to recover them. If you do not understand your exemption right, or how to exercise it, you may wish to seek the counsel of a lawyer.

S E R V I C E I N F O R M A T I O N

TO THE PROCESS SERVER:

(Sheriff) Serve the Defendant, SSC ANDERSONVILLE OPERATING COMPANY LLC, d/b/a Norris Health and Rehabilitation Center, c/o registered agent CT Corporation System, 800 S. Gay Street, Suite 2021, Knoxville, Knox County, Tennessee 37929 through the Sheriff of Knox County, Tennessee.

R E T U R N

I received this summons on the 27 day of July, 2011.

I hereby certify and return that on the AUG 31 2011 day of 2011.

Served Special Assistant Secretary

() ☒ Served this Summons and a Complaint on Defendant, SSC ANDERSONVILLE OPERATING COMPANY LLC, in the following manner:

System - is Registered Agent for

Ericka Fry

SSC Andersonville Operating Company LLC

() Failed to serve this summons within ninety days after its issuance because: Company

W C Bryant
Process Server

This summons is issued pursuant to Rule 4 of the Tennessee Rules of Civil Procedure.

WILKINS TIPTON

ATTORNEYS AT LAW

Offices in Jackson and Greenville, Mississippi, Nashville, Tennessee, Mobile, Alabama and Charlotte, North Carolina

DAVID M. EATON

deaton@wilkinstipton.com

LICENSED IN TENNESSEE AND MISSISSIPPI

Our File No. 463.110220

Joseph T. Stephens
(1939 - 2003)

Robert M. Carpenter
(1945 - 2000)

Craig D. Bluntson
(1967 - 2000)

The Parklane Building
5200 Maryland Way, Suite 301
Brentwood, TN 37027

Phone: (615) 661-7820
Fax: (615) 661-7236
www.wilkinstipton.com

September 15, 2011

SENT VIA HAND DELIVERY

Mr. Barry Pelizzari
Anderson County Circuit Court Clerk
100 N. Main Street, Room 313
Clinton, TN 37716-3619

Re: **Helen T. Bennington, Deceased, et al v. SSC Andersonville Operating Company, LLC**
Seventh Judicial District for the State of Tennessee Circuit Division; Anderson County
Case No. BILA0269

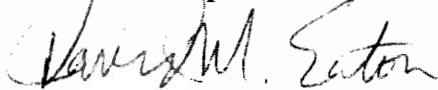
Dear Mr. Pelizzari:

Pursuant to information received from your office this date, enclosed is our firm check in the amount of \$16.00 for a certified copy of the court file in the above-referenced matter. Also enclosed is a Certificate of Clerk which we would also request that you sign and return to us along with the court file.

I appreciate your assistance in this matter. Please contact me if you have any questions or need additional information.

Very truly yours,

Wilkins Tipton, P.A.



David M. Eaton

DME: ams

BARRY E PELIZZARI
CIRCUIT COURT

Receipt No.: 62119

Court Number :01
Case Number :COPIES
Dock/Page :
Receipt Date : 9,19,2011
Receipt Type :R
Hold Code :
Received By :JAS
Style:STATE OF TENNESSEE
COPIES\CERTIFICATION
Received From :WILKINS STEPHENS & TIPTON
Payment Method:PC
Payment Source:
Effective Date: 0
Receipt Amount: 16.00

Balance Due\$12,463.52
jas|SEP 19, 2011 13:46:42

Customer Copy

WILKINS, STEPHENS & TIPTON, P.A.

ATTORNEYS AT LAW

5200 MARYLAND WAY, SUITE 110
BRENTWOOD, TN 37027

TRUSTMARK NATIONAL BANK
JACKSON, MS 39205

1293

85-27/653

DATE 9/19/11

AMOUNT

PAY TO THE ORDER OF

Anderson County Circuit Clerk's Office
Sixteen + 00/100

\$16.00

David M. Eaton

VOID AFTER SIX MONTHS

⑈001293⑈ ⑆065300279⑆ ⑈1000721431⑈

IN THE CIRCUIT COURT FOR ANDERSON COUNTY, TENNESSEE

HELEN I. BENNINGTON, DECEASED, BY
HER DAUGHTER AND NEXT OF KIN,
ANDREA D. SHIVELEY, A CITIZEN AND
RESIDENT OF 303 NAVE STREET, CLINTON,
ANDERSON COUNTY, TENNESSEE 37716;
AND ANDREA D. SHIVELEY, INDIVIDUALLY,
A CITIZEN AND RESIDENT OF 303 NAVE
STREET, CLINTON, ANDERSON COUNTY,
TENNESSEE 37716

PLAINTIFF

VS.

CASE NO: BILA0269

SSC ANDERSONVILLE OPERATING COMPANY,
LLC, A DELAWARE LIMITED LIABILITY COMPANY
D/B/A NORRIS HEALTH AND REHABILITATION
CENTER, WITH REGISTERED AGENT CT CORPORATION
SYSTEM, 800 SOUTH GAY STREET, SUITE 2021,
KNOXVILLE, KNOW COUNTY, TENNESSEE 37929


DEFENDANT

CERTIFICATE OF CLERK

I, Barry Pelizzari, Clerk of the Circuit Court of Anderson County, Tennessee, do hereby
certify that the attached papers are a full, true and correct copy of all the process, pleadings and
orders in the above entitled action and constitute all the papers on file in the above-styled and
numbered cause in the Circuit Court of Anderson County, Tennessee.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 19 day of September,
2011.




BARRY PELIZZARI, CIRCUIT CLERK
ANDERSON COUNTY, TENNESSEE

IN THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE
CIRCUIT DIVISION

HELEN T. BENNINGTON, deceased,
by her daughter and next of kin,
ANDREA D. SHIVELEY, a citizen and
resident of 303 Nave Street,
Clinton, Anderson County,
Tennessee 37716,

and

ANDREA D. SHIVELEY, individually,
a citizen and resident of 303 Nave Street,
Clinton, Anderson County,
Tennessee 37716,

Plaintiffs,

v.

SSC ANDERSONVILLE OPERATING
COMPANY LLC, a Delaware limited liability
company, d/b/a Norris Health and Rehabilitation
Center, with registered agent CT Corporation
System, 800 S. Gay Street, Suite 2021,
Knoxville, Knox County, Tennessee 37929,

Defendant.

COMPLAINT

Come now the Plaintiffs, Helen T. Bennington, by her daughter and next of kin,
Andrea D. Shiveley, and Andrea D. Shiveley, individually, and would respectfully show
unto this Honorable Court as follows:

1. The Plaintiff, Helen T. Bennington, deceased (hereinafter, the "deceased
Plaintiff"), is survived by her daughter and next of kin Andrea D. Shiveley, who is a

FILED
82
2011 JUL 22 A 9:46
BARRY E. PELIZZARI
CIRCUIT COURT CLERK

No.: BILA0269
JURY DEMAND

citizen and resident of Anderson County, Tennessee (together with the deceased Plaintiff, hereinafter the "Plaintiffs").

2. The Defendant, SSC Andersonville Operating Company LLC (hereinafter, the "Defendant"), is a Delaware limited liability corporation doing business in Anderson County, Tennessee at 3382 Andersonville Highway, Andersonville, Tennessee, 37705, with registered agent: CT Corporation System, 800 S. Gay Street, Ste 2021, Knoxville, TN 37929. The medical malpractice and other negligent acts and/or omissions and the injuries that give rise to this cause of action occurred in Anderson County, Tennessee. Upon information and belief, the Defendant does business in Anderson County, Tennessee as Norris Health and Rehabilitation Center.

3. At all times material herein, Defendant employed physicians, nurses, nursing assistants and other staff who were acting within the course and scope of their employment with, or as agents of or apparent agents of, the Defendant. Hence, all allegations of malpractice and/or gross negligence or negligence of such employees and/or agents or apparent agents are chargeable to and imputed to the Defendant by virtue of the doctrine of respondeat superior.

4. On or about March 30, 2010 through May 5, 2010, Plaintiff was a resident at Defendant's facility in Andersonville, Tennessee. While under the care of the Defendant, the Plaintiff was not adequately monitored, turned or examined at the Defendant's facility and was otherwise neglected, resulting in the development of malnutrition, dehydration, weight loss, and extremely painful advanced decubitus ulcers in her pelvic area. The Plaintiff contracted infections as a result of the decubitus ulcers. The Plaintiff was transferred to Methodist Medical Center of Oak Ridge on May 5, 2010,

and, upon information and belief, the Plaintiff succumbed to the infections caused by the Defendant's malpractice and/or gross negligence or negligence, and died on May 18, 2010.

5. The Defendant, though its employees and/or agents acting within the scope and course of their employment or duties, was medically negligent and/or grossly negligent or negligent in failing to: (i) adequately monitor and care for the deceased Plaintiff, including but not limited to administering basic custodial care for the prevention of the emergence and development of decubitus ulcers in accordance with approved care plans and doctor orders; (ii) properly supervise, train and/or instruct its employees and/or agents in a proper method of caring for and treating the deceased Plaintiff, and (iii) act with ordinary or reasonable care in accordance with the recognized standards of acceptable professional practice in the medical and nursing profession, including but not limited to in the prevention and medical treatment of decubitus ulcers. Further, at all times material to the facts and events at issue, the deceased Plaintiff was under the exclusive control, care and management of the Defendant, and a resident and patient in the deceased Plaintiff's condition upon admission to the Defendant's facility would not ordinarily have become severely malnourished, dehydrated or underweight and would not have developed advanced decubitus ulcers and fatal infections in the absence of malpractice and/or gross negligence or negligence on the part of the employees and/or agents of the Defendant.

6. Certain acts and/or omissions on the part of the Defendant's employees and/or agents referenced hereinabove constitute deviations from the accepted standards of professional practice for physicians, nurses and other duly licensed

medical personnel practicing in Andersonville, Anderson County, Tennessee and similar communities at the times relevant herein.

7. As a direct and proximate consequence of the malpractice and/or gross negligence or negligence of the Defendant through its employees and/or agents, the deceased Plaintiff developed conditions resulting in extreme physical pain and suffering, mental anguish, medical and hospital expenses, physical injuries, and ultimately her untimely and wrongful death.

8. In the alternative to the medical negligence allegations set forth herein and in addition to the ordinary negligence allegations, the deceased Plaintiff was at all times “an elderly person” and/or a “disabled person” as defined by the Tennessee Adult Protection Act (T.A.P.A.), T.C.A. §71-6-101, et seq., and the corresponding regulations then permitted by the Department of Health and its agents, including the division of health care facilities, while a resident at the Defendant’s facility. Accordingly, the deceased Plaintiff was a member of the class that the T.A.P.A. is intended to protect.

9. The acts and omissions of the Defendant, as set forth above, occurred in a facility, or were committed by the staff of a facility required to be licensed under T.C.A. §68-11-202.

10. The acts and omissions of the Defendant, as set forth above, constitute abuse and neglect as defined by the T.A.P.A. and, accordingly, the deceased Plaintiff suffered harm of the type that T.A.P.A. is designed to prevent.

11. As a direct and proximate result of the above-referenced violations of the T.A.P.A. by the Defendant through its employees and/or agents, the deceased Plaintiff

suffered mental anguish, extreme physical and mental pain and suffering, medical and hospital expenses, physical injuries, and ultimately her wrongful and untimely death.

12. Further, the deceased Plaintiff's daughter Plaintiff Andrea D. Shiveley has suffered injuries resulting from loss of consortium with the deceased Plaintiff.

13. The Plaintiffs further allege that the actions and omissions of the Defendant were grossly negligent in nature, justifying an award of punitive damages.

14. The Plaintiffs have complied with the notice requirements set forth in T.C.A. §29-26-121(a), and copies of the required notices and appurtenant documentation are attached hereto.

15. The Plaintiffs are filing with this Complaint a Certificate of Good Faith in accordance with the requirements of T.C.A. §29-26-122.

WHEREFORE, PREMISES CONSIDERED, PLAINTIFFS PRAY:

1. That process issue and be served upon the Defendant through the Sheriff of Knox County, Tennessee, requiring its answer to this Complaint, but its oath to its answer is expressly waived;

2. That a jury of six persons be empanelled to try this cause;

3. That the deceased Plaintiff be awarded compensatory damages against the Defendant in the amount of One Million Dollars (\$1,000,000.00), and punitive damages in the amount of Three Million Dollars (\$3,000,000.00);

4. That Plaintiff Andrea D. Shiveley, individually, be awarded compensatory damages for loss of consortium in the amount of \$250,000.00;

5. That the costs of this action and Plaintiffs' attorneys' fees be awarded to the Plaintiffs; and

6. That the Court grant to the Plaintiffs such other, further and general relief to which the Plaintiffs may be entitled to upon hearing of this cause.

Respectfully submitted, this the 22nd day of July, 2011.

Andrea D. Shiveley
Andrea D. Shiveley, daughter and
next of kin of Helen T. Bennington,
deceased, Plaintiff

Andrea D. Shiveley
Andrea D. Shiveley, individually,
Plaintiff

By: J. Timothy Bobo by permission BDW
J. Timothy Bobo, BPR#017263
Attorney for Plaintiffs BPR#029017

RIDENOUR & RIDENOUR
108 South Main Street
Post Office Box 530
Clinton, Tennessee 37717-0530
(865) 457-0755

C O S T B O N D

We hereby acknowledge ourselves as sureties for the costs of this cause for all court costs and taxes, in accordance with T.C.A. §20-12-120.

Andrea D. Shiveley

Andrea D. Shiveley, daughter and
next of kin of Helen T. Bennington,
deceased, Plaintiff

Andrea D. Shiveley

Andrea D. Shiveley, individually,
Plaintiff

By:

J. Timothy Bobo by permission BDU
J. Timothy Bobo
Attorney at Law

BPR #029017

IN THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE
CIRCUIT DIVISION

HELEN T. BENNINGTON, deceased,
by her daughter and next of kin,
ANDREA D. SHIVELEY, a citizen and
resident of 303 Nave Street,
Clinton, Anderson County,
Tennessee 37716,

and

ANDREA D. SHIVELEY, individually,
a citizen and resident of 303 Nave Street,
Clinton, Anderson County,
Tennessee 37716,

Plaintiffs,

v.

SSC ANDERSONVILLE OPERATING
COMPANY LLC, a Delaware limited liability
company, d/b/a Norris Health and Rehabilitation
Center, with registered agent CT Corporation
System, 800 S. Gay Street, Suite 2021,
Knoxville, Knox County, Tennessee 37929,

Defendants.

PLAINTIFFS' CERTIFICATE OF GOOD FAITH

Medical Malpractice Case

A. In accordance with T.C.A. § 29-26-122, I hereby state the following: (Check item 1 or 2 below and sign your name beneath the item you have checked, verifying the information you have checked. Failure to check item 1 or 2 and/or not signing item 1 or 2 will make this case subject to dismissal with prejudice.)



1. The plaintiff or plaintiff's counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

BARRY E. PELIZZARI
CIRCUIT COURT CLERK

2011 JUL 22 A 9:46

81

FILED

No.: BILAD269
JURY DEMAND

(A) Are competent under § 29-26-115 to express opinion(s) in the case; and

(B) Believe, based on the information available from the medical records concerning the care and treatment of the Plaintiff for the incident(s) at issue, that there is a good faith basis to maintain the action consistent with the requirements of § 29-26-115.

J. Timothy Zolbo by permission BDW
Signature of Plaintiff if not represented, or BRK#029017
Signature of Plaintiff's Counsel

Or

☐

2. The Plaintiff or Plaintiff's counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(A) Are competent under § 29-26-115 to express opinion(s) in the case; and

(B) Believe, based on the information available from the medical records reviewed concerning the care and treatment of the Plaintiff for the incident(s) at issue and, as appropriate, information from the Plaintiff or others with knowledge of the incident(s) at issue, that there are facts material to the resolution of the case that cannot be reasonably ascertained from the medical records or the information reasonably available to the Plaintiff or Plaintiff's counsel; and that despite the absence of this information there is a good faith basis for maintaining the action as to each Defendant consistent with the requirements of § 29-26-115. Refusal of the Defendant to release the medical records in a timely fashion, or where it is impossible for the plaintiff to obtain the medical records shall waive the requirement that the expert review the medical records prior to expert certification.

Signature of Plaintiff if not represented, or
Signature of Plaintiff's Counsel

B. You MUST complete the information below and sign:

I have been found in violation of T.C.A. § 29-26-122 0 prior times. (Insert number of prior violations by you.)

J. Timothy Balbo by permission BDW 7/22/11
Signature of Person Executing This Document BR#029017 Date

IN THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE
CIRCUIT DIVISION

HELEN T. BENNINGTON, deceased,
by her daughter and next of kin,
ANDREA D. SHIVELEY, a citizen and
resident of 303 Nave Street,
Clinton, Anderson County,
Tennessee 37716,

and

ANDREA D. SHIVELEY, individually,
a citizen and resident of 303 Nave Street,
Clinton, Anderson County,
Tennessee 37716,

Plaintiffs,

v.

SSC ANDERSONVILLE OPERATING
COMPANY LLC, a Delaware limited liability
company, d/b/a Norris Health and Rehabilitation
Center, with registered agent CT Corporation
System, 800 S. Gay Street, Suite 2021,
Knoxville, Knox County, Tennessee 37929,

Defendant.

AFFIDAVIT OF GLENDA M. HATMAKER

I, Glenda M. Hatmaker, being at least eighteen (18) years of age, after first being
duly sworn according to law, make oath that I have read or been read aloud the
following Affidavit and that the facts set forth herein are true to the best of my
knowledge, information and belief.

1. My name is Glenda M. Hatmaker. I am over the age of eighteen (18)
years old and competent to give the testimony contained herein. I have
personal knowledge of the matter stated herein.
2. This Affidavit is being furnished pursuant to T.C.A. § 29-26-121(a)(4).

BARRY E. PELIZZARI
CIRCUIT COURT CLERK

2011 JUL 22 A 9:46

B3

FILED

No.: B11AD269
JURY DEMAND

3. On March 28, 2011, I caused notices in the form required pursuant to T.C.A. § 29-26-121 to be mailed via U.S. Postal Service by certified mail, return receipt requested, to the above-named Defendant. A copy of each such notice is attached hereto as part of Exhibit A.

Further, Affiant sayeth not.

This the 2st day of July, 2011.


Glenda M. Hatmaker

STATE OF TENNESSEE)

COUNTY OF ANDERSON)

OATH

Before me personally appeared Glenda M. Hatmaker, who makes oath that the statements herein are true to the best of her knowledge, information and belief.

Sworn to and subscribed before me this

the 21st day of July, 2011.


Notary Public

My Commission Expires



Roger L. Ridenour - Of Counsel

John D. Agee

J. Timothy Bobo

Jodi B. Loden

Samuel K. Lee* ***

Martin W. Cash, Jr.

Bradley D. Williams**

*Also Licensed in Florida**

*Also Licensed in New York***

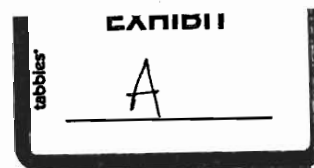
*Also Licensed in the District of Columbia****

Ridenour & Ridenour
Attorneys at Law

108 S. Main Street
Clinton, Tennessee 37716

P.O. Box 530
Clinton, TN 37717-0530

Telephone: (865) 457-0755
Toll Free: (800) 810-3476
Fax: (865) 457-4878



Clinton Office:
339 W. Race Street
P.O. Box 776
Kingston, TN 37763

Telephone: (865) 376-9943
Fax: (865) 376-3632

J. Carson Ridenour, Sr.
(1908 - 2002)
G. W. Ridenour, Jr.
(1936 - 1986)
Ronald H. Ridenour
(Retired - 2003)

March 28, 2011

VIA CERTIFIED MAIL

NO. 7009 2820 0004 0742 3099

SSC Andersonville Operating Company, LLC
d/b/a Norris Health and Rehabilitation Center
c/o CT Corporation System, Registered Agent
800 S. Gay Street, Ste 2021
Knoxville, TN 37929

Re: Helen I. Bennington
D/O/B: 02/04/1929

Dear Sir or Madam:

This letter is to provide Notice that our firm has been retained by Andrea Shiveley, daughter and next of kin of Helen I. Bennington, regarding Ms. Bennington's negligent care while she was a patient in your care and in the care of your employee(s) and/or agent(s) beginning March 30, 2010, until her discharge on May 5, 2011.

We have sent a Notice to you at your principal place of business at 3382 Andersonville Highway, Andersonville, Tennessee and to Dr. Joseph L. Thompson, McNeeley Family Physicians, 110 Executive Park Drive, Clinton, Tennessee.

Please find enclosed an Authorization allowing your access to Ms. Bennington's medical records. Thank you for your attention to this matter.

Very truly yours,

FOR THE FIRM:

A handwritten signature in cursive script that reads "J. L. Bobo".
J. Timothy Bobo

JTB:gmh
Enclosure

MEDICAL AUTHORIZATION AND PATIENT'S RELEASE OF MEDICAL AND INSURANCE INFORMATION

TO: _____ RE: Helen I. Bennington
DOB: 2/4/1929 D/O/D: 5/18/10
SSN: 411-40-1794

You are hereby authorized and directed to permit the examination and the copying or reproduction in any manner, whether mechanical, photographic or otherwise, by *Norris Health and Rehabilitation Center, 3832 Andersonville Hwy, Andersonville, TN 37705*, or such other person as they may authorize, of all or any portions desired by them of the following: MEDICAL FACILITY, PHYSICIAN(S) AND/OR GROUP, AND/OR INSURANCE PROVIDER(S).

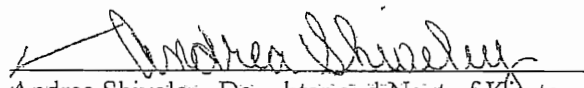
- A. Hospital records, x-rays, x-ray readings and reports, laboratory records, and reports, all tests of any type, character and reports thereof, statements of charges, and any and all of my records pertaining to hospitalization, history, condition, treatment, diagnosis, prognosis, etiology or expense; be it written, photographs, videotapes, digital or other images, as well as any other information requested.
- B. Medical records, including patient's records cards, x-rays, x-ray readings and reports, laboratory records and reports thereof, statements of charges, and any and all of my records pertaining to medical care, history, condition, treatment, diagnosis, prognosis, etiology and/or mental condition or expense.
- C. Itemized bills and/or group, and/or insurance provider, its agents and/or contractors to disclose, discuss, and/or release, orally or in writing, at which Helen I Bennington was treated, you are hereby authorized and requested to furnish to the Norris Health and Rehabilitation Center, Andersonville, TN 37705, for legal purposes, any and all information or opinions that they may request regarding
- D. I understand that I am not required to sign this Authorization, and that treatment, payment, enrollment, or eligibility for benefits is not conditioned on my execution of this Authorization. I may Revoke this Consent in writing at any time, except to the extent that Action has been taken in reliance on it, and that, in any event, this consent expires automatically as follows.

You are further authorized and directed to furnish oral and written reports to Norris Health and Rehabilitation Center or their delegate as required by them on any of the foregoing matters.

NOTICE: You are also hereby expressly requested and directed to disregard any prior medical authorization executed by me or on my behalf, and I request that you do not discuss the treatment and examination of my condition with any person or persons without written authorization by me or my attorney.

This authorization shall expire whenever my litigation ends. The undersigned understands that I have a right to revoke this authorization in writing and provide any exceptions to the right to revoke by simply notifying my attorney that I revoked this authorization. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by the privacy regulation of "HIPAA." This authorization is being furnished pursuant to a personal injury claim which arising out of injuries to my mother.

Witness my hand this _____ day of _____, 2011.


Andrea Shiveley, Daughter and Next of Kin to
Helen I. Bennington, Deceased

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For more information, visit our website at www.usps.com

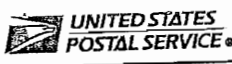
OFFICIAL USE

Postage \$0.44 0716
 Certified Fee \$2.10 06
 Return Receipt Fee (Endorsement Required) \$2.30
 Restricted Delivery Fee (Endorsement Required) \$0.00
 Total Postage & Fees \$5.54

Postmark Here
 MAR 28 2011
 03/28/2011

Sent To: SSC Andersonville Operating Co LLC
Registered Agent: CT Corporation System
 Street Apt. No.: 800 S. Gray St. Ste 2021
 or PO Box No.:
 City, State, ZIP+4: Knoxville TN 37929

PS Form 3800, August 2006 See Reverse for Instructions



Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: J. Timothy Bobo, Esq.
P.O. Box 530
Clinton TN 37717

To: SSC Andersonville Operating Co LLC
d/b/a Norris Health Rehab Center
CT Corporation System, Registered Agent
800 S Gray St, Ste 2021, Knoxville TN 37929

1000
 U.S. POSTAGE
 PAID
 CLINTON, TN
 37716
 MAR 28 11
 00025204-06
\$1.15
 AMOUNT

PS Form 3817, April 2007 PSN 7530-02-000-9065

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Article Addressed to: <u>SSC Andersonville Operating Co, LLC</u> <u>d/b/a Norris Health Rehab Center</u> <u>CT Corporation System, Registered Agent</u> <u>800 S. Gray St, Ste 2021</u> <u>Knoxville TN 37929</u></p>	<p>A. Signature <u>X</u> <u>Ericka Fry</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>MAR 20 2011</u></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) <u>7009 2820 0004 0742 3099</u></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Ridenour & Ridenour

Attorneys at Law

Roger L. Ridenour - Of Counsel

John D. Agee

J. Timothy Bobo

Jodi B. Loden

Samuel K. Lee* ***

Martin W. Cash, Jr.

Bradley D. Williams**

*Also Licensed in Florida**

*Also Licensed in New York***

*Also Licensed in the District of Columbia****

108 S. Main Street
Clinton, Tennessee 37716

P.O. Box 530
Clinton, TN 37717-0530

Telephone: (865) 457-0755
Toll Free: (800) 810-3476
Fax: (865) 457-4878

Kingston Office:
339 W. Race Street
P.O. Box 776
Kingston, TN 37763

Telephone: (865) 376-9943
Fax: (865) 376-3632

J. Carson Ridenour, Sr.
(1908 - 2002)
G. W. Ridenour, Jr.
(1936 - 1986)
Ronald H. Ridenour
(Retired - 2003)

March 28, 2011

VIA CERTIFIED MAIL

NO. 7009 2820 0004 0742 3082

SSC Andersonville Operating Company, LLC
d/b/a Norris Health and Rehabilitation Center
3382 Andersonville Highway
Andersonville, TN 37705

Re: Helen I. Bennington
D/O/B: 02/04/1929

Dear Sir or Madam:

This letter is to provide Notice that our firm has been retained by Andrea Shiveley, daughter and next of kin of Helen I. Bennington, regarding Ms. Bennington's negligent care while she was a patient in your care and in the care of your employee(s) and/or agent(s) beginning March 30, 2010, until her discharge on May 5, 2011.

We have also sent a Notice to your registered agent: CT Corporation System, 800 S. Gay Street, Ste 2021, Knoxville, Tennessee and to Dr. Joseph L. Thompson, McNeeley Family Physicians, 110 Executive Park Drive, Clinton, Tennessee.

Please find enclosed an Authorization allowing your access to Ms. Bennington's medical records. Thank you for your attention to this matter.

Very truly yours,

FOR THE FIRM:



J. Timothy Bobo

JTB:gmh
Enclosure

MEDICAL AUTHORIZATION AND PATIENT'S RELEASE OF MEDICAL AND INSURANCE INFORMATION

TO: _____ RE: Helen I. Bennington
DOB: 2/4/1929 D/O/D: 5/18/10
SSN: 411-40-1794

You are hereby authorized and directed to permit the examination and the copying or reproduction in any manner, whether mechanical, photographic or otherwise, by *Norris Health and Rehabilitation Center, 3832 Andersonville Hwy, Andersonville, TN 37705*, or such other person as they may authorize, of all or any portions desired by them of the following: MEDICAL FACILITY, PHYSICIAN(S) AND/OR GROUP, AND/OR INSURANCE PROVIDER(S).

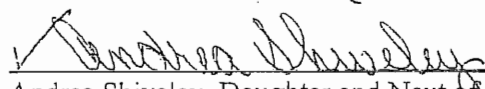
- A. Hospital records, x-rays, x-ray readings and reports, laboratory records, and reports, all tests of any type, character and reports thereof, statements of charges, and any and all of my records pertaining to hospitalization, history, condition, treatment, diagnosis, prognosis, etiology or expense; be it written, photographs, videotapes, digital or other images, as well as any other information requested.
- B. Medical records, including patient's records cards, x-rays, x-ray readings and reports, laboratory records and reports thereof, statements of charges, and any and all of my records pertaining to medical care, history, condition, treatment, diagnosis, prognosis, etiology and/or mental condition or expense.
- C. Itemized bills and/or group, and/or insurance provider, its agents and/or contractors to disclose, discuss, and/or release, orally or in writing, at which Helen I Bennington was treated, you are hereby authorized and requested to furnish to the Norris Health and Rehabilitation Center, Andersonville, TN 37705, for legal purposes, any and all information or opinions that they may request regarding
- D. I understand that I am not required to sign this Authorization, and that treatment, payment, enrollment, or eligibility for benefits is not conditioned on my execution of this Authorization. I may Revoke this Consent in writing at any time, except to the extent that Action has been taken in reliance on it, and that, in any event, this consent expires automatically as follows.

You are further authorized and directed to furnish oral and written reports to Norris Health and Rehabilitation Center or their delegate as required by them on any of the foregoing matters.

NOTICE: You are also hereby expressly requested and directed to disregard any prior medical authorization executed by me or on my behalf, and I request that you do not discuss the treatment and examination of my condition with any person or persons without written authorization by me or my attorney.

This authorization shall expire whenever my litigation ends. The undersigned understands that I have a right to revoke this authorization in writing and provide any exceptions to the right to revoke by simply notifying my attorney that I revoked this authorization. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by the privacy regulation of "HIPAA." This authorization is being furnished pursuant to a personal injury claim which arising out of injuries to my mother.

Witness my hand this _____ day of _____, 2011.


Andrea Shiveley, Daughter and Next of Kin to
Helen I. Bennington, Deceased

7009 2820 0004 0742 3082

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

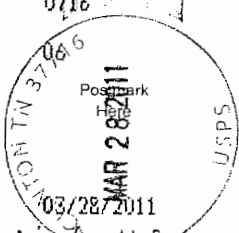
For delivery information visit our website at www.usps.com

ANDERSONVILLE, TN 37705

Postage	\$ 0.44
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.54

Sent to: SSC Andersonville Operating Co LLC
1614 Norris Health Rehab Center
Street, Apt. No., or PO Box No. 3382 Andersonville Hwy
City, State, ZIP+4 Andersonville TN 37705

PS Form 3800, August 2005 See Reverse for Instructions



Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: J. Timothy Boko, Esq.
P.O. Box 530
Clinton TN 37717

To: SSC Andersonville Operating Co LLC
1614 Norris Health Rehab Center
3382 Andersonville Hwy
Andersonville TN 37705

1000

U.S. POSTAGE
PAID
CLINTON, TN
37716
MAR 28 11
AMOUNT
\$11.15
00025204-06

PS Form 3817, April 2007 PSN 7530-02-000-9065

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to: <u>SSC Andersonville Operating Co LLC</u> <u>1614 Norris Health Rehab Center</u> <u>3382 Andersonville Hwy</u> <u>Andersonville, TN 37705</u></p>	<p>A. Signature <u>Holly Golden</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Holly Golden</u></p> <p>C. Date of Delivery <u>3-30-11</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>5. Article Number (Transfer from service label) <u>7009 2820 0004 0742 3082</u></p>	

Ridenour & Ridenour

Attorneys at Law

Roger L. Ridenour – Of Counsel

John D. Agee

J. Timothy Bobo

Jodi B. Loden

Samuel K. Lee* ***

Martin W. Cash, Jr.

Bradley D. Williams**

*Also Licensed in Florida**

*Also Licensed in New York***

*Also Licensed in the District of Columbia****

108 S. Main Street
Clinton, Tennessee 37716

P.O. Box 530
Clinton, TN 37717-0530

Telephone: (865) 457-0755
Toll Free: (800) 810-3476
Fax: (865) 457-4878

Kingston Office:
339 W. Race Street
P.O. Box 776
Kingston, TN 37763

Telephone: (865) 376-9943
Fax: (865) 376-3632

J. Carson Ridenour, Sr.
(1908 – 2002)
G. W. Ridenour, Jr.
(1936 – 1986)
Ronald H. Ridenour
(Retired – 2003)

March 28, 2011

VIA CERTIFIED MAIL

NO. 7009 2820 0004 0742 3105

Dr. Joseph L. Thompson
McNeeley Family Physicians
110 Executive Park Drive
Clinton, TN 37716

Re: Helen I. Bennington
D/O/B: 02/04/1929

Dear Dr. Thompson:

This letter is to provide Notice that our firm has been retained by Andrea Shiveley, daughter and next of kin of Helen I. Bennington, regarding Ms. Bennington's negligent care while she was a patient in your care at SSC Andersonville Operating Company, LLC d/b/a Norris Health and Rehabilitation Center beginning March 30, 2010, until her discharge from said facility on May 5, 2011.

We have sent a Notice to SSC Andersonville Operating Company, LLC d/b/a Norris Health and Rehabilitation Center at 3382 Andersonville Highway, Andersonville, Tennessee and to their registered agent: CT Corporation System, 800 S. Gay Street, Ste 2021, Knoxville, Tennessee.

Please find enclosed an Authorization allowing your access to Ms. Bennington's medical records. Thank you for your attention to this matter.

Very truly yours,

FOR THE FIRM:


J. Timothy Bobo

JTB:gmh
Enclosure

MEDICAL AUTHORIZATION AND PATIENT'S RELEASE OF MEDICAL AND INSURANCE INFORMATION

TO: _____ RE: Helen I. Bennington
DOB: 2/4/1929 D/O/D: 5/18/10
SSN: 411-40-1794

You are hereby authorized and directed to permit the examination and the copying or reproduction in any manner, whether mechanical, photographic or otherwise, by _____, or such other person as they may authorize, of all or any portions desired by them of the following: MEDICAL FACILITY, PHYSICIAN(S) AND/OR GROUP, AND/OR INSURANCE PROVIDER(S).


- A. Hospital records, x-rays, x-ray readings and reports, laboratory records, and reports, all tests of any type, character and reports thereof, statements of charges, and any and all of my records pertaining to hospitalization, history, condition, treatment, diagnosis, prognosis, etiology or expense; be it written, photographs, videotapes, digital or other images, as well as any other information requested.
- B. Medical records, including patient's records cards, x-rays, x-ray readings and reports, laboratory records and reports thereof, statements of charges, and any and all of my records pertaining to medical care, history, condition, treatment, diagnosis, prognosis, etiology and/or mental condition or expense.
- C. Itemized bills and/or group, and/or insurance provider, its agents and/or contractors to disclose, discuss, and/or release, orally or in writing, at which Helen I Bennington was treated, you are hereby authorized and requested to furnish to _____, for legal purposes, any and all information or opinions that they may request regarding
- E. I understand that I am not required to sign this Authorization, and that treatment, payment, enrollment, or eligibility for benefits is not conditioned on my execution of this Authorization. I may Revoke this Consent in writing at any time, except to the extent that Action has been taken in reliance on it, and that, in any event, this consent expires automatically as follows.

You are further authorized and directed to furnish oral and written reports to _____ or their delegate as required by them on any of the foregoing matters.

NOTICE: You are also hereby expressly requested and directed to disregard any prior medical authorization executed by me or on my behalf, and I request that you do not discuss the treatment and examination of my condition with any person or persons without written authorization by me or my attorney.

This authorization shall expire whenever my litigation ends. The undersigned understands that I have a right to revoke this authorization in writing and provide any exceptions to the right to revoke by simply notifying my attorney that I revoked this authorization. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by the privacy regulation of "HIPAA." This authorization is being furnished pursuant to a personal injury claim which arising out of injuries to my mother.

Witness my hand this _____ day of _____, 2011.


Andrea Shiveley, Daughter and Next of Kin to
Helen I. Bennington, Deceased

7009 2820 0004 0742 3105

Domestic Mail Only Insurance Coverage Provided

For delivery information visit our website at www.usps.com

CLINTON, TN 37716

OFFICIAL USE

Postage	\$0.44
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$5.54

Postmark Here
MAR 28 2011
03/28/2011

Sent To
Dr. Joseph Thompson
Street, Apt. No., or PO Box No. 110 Executive Park Drive
City, State, ZIP+4 Clinton TN 37716

PS Form 3800, August 2008 See Reverse for Instructions



Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: J. Timothy Boko, Esq.
P.O. Box 530
Clinton, TN 37717

To: Dr. Joseph L. Thompson
McNeely Family Physicians
110 Executive Park Drive
Clinton, TN 37717

1000

U.S. POSTAGE
PAID
CLINTON, TN
37716
MAR 28, 11
\$1.15
00025204-06
AMOUNT

PS Form 3817, April 2007 PSN 7530-02-000-9065

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Joseph L. Thompson
c/o McNeely Family Physicians
110 Executive Park Drive
Clinton, TN 37716

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ X Shauna McCy ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Shauna McCy C. Date of Delivery MAR 29 2011
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7009 2820 0004 0742 3105

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

IN THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE
CIRCUIT DIVISION

HELEN T. BENNINGTON, deceased,
by her daughter and next of kin,
ANDREA D. SHIVELEY, a citizen and
resident of 303 Nave Street,
Clinton, Anderson County,
Tennessee 37716, and
ANDREA D. SHIVELEY, individually,
a citizen and resident of 303 Nave Street,
Clinton, Anderson County,
Tennessee 37716,

Plaintiffs,

v.

No. B1LAD269 ✓
JURY DEMAND

SSC ANDERSONVILLE OPERATING
COMPANY LLC, a Delaware limited liability
company, d/b/a Norris Health and Rehabilitation
Center, with registered agent CT Corporation
System, 800 S. Gay Street, Suite 2021,
Knoxville, Knox County, Tennessee 37929,

Defendant.

S U M M O N S

You are hereby summoned and required to serve upon J. Timothy Bobo, Plaintiff's attorney, whose address is 108 S. Main Street, Post Office Box 530, Clinton, Tennessee 37717-0530, an Answer to the Complaint herewith served upon you within thirty (30) days after service of this Summons and Complaint upon you, exclusive of day service. If you fail to do so, Judgment by Default can be taken against you for the relief demanded in the Complaint.

Issued and tested this 22 day of July, 2011.

BARRY E. PELIZZARI

Clerk

Betty B. Taylor
Deputy Clerk

N O T I C E

To the Defendant(s):

Tennessee law provides a Four Thousand (\$4,000.00) Dollar personal property exemption from execution or seizure to satisfy a judgment. If a judgment should be entered against you in this action, and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the Clerk of the Court. The list may be filed at any time, and may be changed by you thereafter as necessary, however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel for yourself and your family, and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized, you would have the right to recover them. If you do not understand your exemption right, or how to exercise it, you may wish to seek the counsel of a lawyer.

SERVICE INFORMATION

TO THE PROCESS SERVER:

(Sheriff) Serve the Defendant, **SSC ANDERSONVILLE OPERATING COMPANY LLC, d/b/a Norris Health and Rehabilitation Center, c/o registered agent CT Corporation System, 800 S. Gay Street, Suite 2021, Knoxville, Knox County, Tennessee 37929** through the Sheriff of Knox County, Tennessee.

R E T U R N

I received this summons on the 27 day of July, 2011.

I hereby certify and return that on the AUG 31 2011 day of August, 2011.

(9) Served this Summons and a Complaint on Defendant, **SSC ANDERSONVILLE OPERATING COMPANY LLC**, in the following manner:

Ericka Fry

SSC Andersonville Operating Company LLC

() Failed to serve this summons within ninety days after its issuance because Company

WC Bryant #B1364
Process Server

This summons is issued pursuant to Rule 4 of the Tennessee Rules of Civil Procedure.